

**PROCEEDINGS OF THE MENTAL HEALTH
TREATMENT SUBCOMMITTEE**

Pursuant to Section 19.84, Wis. Stats., a regular meeting of the Mental Health Treatment Subcommittee was held on Wednesday, April 17, 2019 at 12:00 pm in Conference Room A (E03) of the Sophie Beaumont Building, 111 N. Jefferson Street, Green Bay, Wisconsin.

Present: Chair Erik Hoyer, Supervisor Megan Borchardt, Citizen Representatives Stephanie Birmingham, Guy Zima and Cheryl Weber, Health and Human Services Director Erik Pritzl, Hospital Administrator Ed Somers, Security Lieutenant Scott Brisbane, Director of Community Programs Jenny Hoffman, Behavioral Health Manager Ian Agar, Officer Paul Van Handel, District Attorney David Lasee, Judge Zuidmulder

Excused: Supervisor Schadewald

I. Call to Order.

The meeting was called to order by Chair Erik Hoyer at 12:01 pm.

II. Approve/Modify Agenda.

Motion made by Megan Borchardt, seconded by Judge Zuidmulder to approve. Vote taken.
MOTION CARRIED UNANIMOUSLY

III. Approve/Modify Minutes of January 16, 2019.

Motion made by Megan Borchardt, seconded by Judge Zuidmulder to approve. Vote taken.
MOTION CARRIED UNANIMOUSLY

1. Report and discussion – Spending of the 2019 \$1.14 mental health dollars, to date.

Health and Human Services Director Erik Pritzl provided a handout, a copy of which is attached, which outlines the mental health initiative expenditures for 2018 as well as for January through March of 2019.

Pritzl informed 2018 has been closed out and the expenditures total \$983,730.46 out of the prorated budget of \$1,150,000. Mobile crisis, residential treatment and day report center came in at or close to the expected levels while detox had underspending.

The 2019 numbers are as of April 10, but Pritzl said there are likely March expenditures that are not reflected in this. The figures are similar to last year in that mobile crisis and day report are where they are expected to be and residential treatment is very close to what is expected. Detox remains low, but this is not much different than 2018.

Cheryl Weber said she continues to hear that there are still capacity issues when it comes to detox. Pritzl said he is hearing more and more about capacity issues, for both mental health and detox and he thinks the detox capacity issue is related to overall bed count with the provider, which is Bellin. The focus at Bellin is incapacitated individuals as it is a hospital level of care. Pritzl continued that staff meets with Bellin regularly to discuss this and understand what the capacity issue is, because some improvement had been expected by the end of 2018.

Hoyer asked about the transition of the day report center from Family Services to handling it in-house. Pritzl said they have been meeting consistently with Family Services to work on the transition. The plan at this time is for the County to start taking intakes on May 1. The manager

of the Criminal Justice Department has been hired and there have been some offers made to staff. The idea is to take the new intakes starting in May and then take over all participants in July. Pritzl has sent information to key people like the Courts, District Attorney and Sheriff's Department to let them know the plan. He indicated one person who currently works for Family Services will be transitioning over to County employment. With regard to location, Pritzl is working with the DA's office to utilize their reception window service point and then the space with the treatment court staff in the lower level is being reconfigured to accommodate the operations.

Judge Zuidmulder asked if it is the intention of the County Board to use the \$356,824 that was budgeted for day report center, or if that number could change if there are more needs. Hoyer responded that these monies have been operationalized for the last three years and will continue to be operationalized in the future and will be lumped in with the overall Health and Human Services budget. Judge Zuidmulder's concern is that if additional funds are needed to do the day report functions in-house, the pushback will be that it comes from the mental health initiative budget which will have a ripple effect on the other functions. Hoyer feels that chunk can be isolated and put into the budget because now instead of it being contract services, it will be in-house. Pritzl added that if there is ever an expansion proposed to any of the Criminal Justice Division, other dollars within the budget would have to be found, or new money would have to be found. There are some dollars that could be worked with, but not a lot.

Megan Borchardt asked for an update on mobile crisis services. Pritzl responded that he hears positive feedback from the police department. Contacts in hospitals and community settings have increased, which is positive. Borchardt noted that Green Bay Police Department will be having a clinician out with them starting in June or July. Pritzl said that that is a Health and Human Services employee that the County Board approved.

Stephanie Birmingham noted mobile crisis is a county-wide service but Green Bay seems to be the catchall and services are more centralized in Green Bay, and asked if services are also being used outside of the city. A representative of the Crisis Center was in attendance and said the largest impact is on the mobility. They are out 37% where they used to be out 19 – 20%. Long before the expansion, all municipalities had used the Crisis Center with very few exceptions in terms of how they determine 51. GBPD represents the majority of the law enforcement referrals but if the volume was looked at statistically, it would show all municipalities. Birmingham asked how far Crisis will travel if law enforcement is not involved. The Crisis Center rep responded that they like to do least restrictive and their first goal is to do that safely and they will go anywhere in the County. The preference would be for law enforcement to call Crisis into the home more. If a consumer or family or friend calls about someone, the first goal would be to go to the person in crisis, but there is a screen they go through for safety. As supervisors, they support a crisis counselor's gut feeling on safety and she noted that often the counselors go out alone as there is not usually enough staff to go out in pairs. The person that is in crisis needs to be willing to meet with a counselor. If someone is not willing to meet with a counselor, there are safety concerns and they do not force it.

Judge Zuidmulder informed he has talked to area law enforcement agencies to let them know how Green Bay handles this, but what he typically hears as pushback is that the municipalities do not feel it would be appropriate to dedicate staff to mental health matters because the need is not large enough. Borchardt added that it is encouraging that there are more officers throughout the County who have gone through crisis intervention training. Behavioral Health Manager Ian Agar shared that law enforcement has said there are occasions when clearing the scene takes more time and energy than they feel it is worth and they would prefer to bring the individual to the Crisis Center.

Guy Zima asked if law enforcement time being spent with people in crisis is decreasing. Officer Van Handel responded that the timeframe is still in the four hour area which is pretty good. Agar said the last report he has seen showed the timeframe to be closer to three hours so there has been improvement in this area. Zima said the one stop shop would likely decrease that even more.

Zima asked if reports from mobile crisis are evaluated frequently to be sure the funds are being used well and if the County is getting their money's worth. Pritzl said reports are received and reviewed regularly and both mobile crisis and day report have ramped up over time. At this time both have done what they said they were going to do. Pritzl added that there has been an increase in voluntary placements and noted that 30% of admissions at Nicolet so far this year have been voluntary. Zima asked what the average amount of time is that law enforcement spends on mental health calls. Officer Van Handel responded that for January, February and March the average was 3.5 hours. Zima would like feedback from law enforcement at the next meeting as to whether there are things that could still be improved upon to save time.

Officer Van Handel said the issue is capacity. He understands there are conversations about a one stop shop model, but he does not really know how that is going to improve capacity. He continued that law enforcement has sent as many people out of county so far this year as they did for all of last year. This shows a capacity issue and he questions if we are already at capacity in April, what will the rest of 2019 and 2020 look like? This will create more police time because there is no place to discharge people to.

Zima recalled the original goal was to increase the number of beds, bring people back to Brown County, have the money stay in the county and provide better service for the people of Brown County, but that was three years ago. Judge Zuidmulder said the purpose of the mobile crisis piece was for people to be evaluated and remain in the community so we would not have police transporting them places and ultimately returning them to their homes. The people that are being taken to Winnebago are people who have been committed; those are not the same people that are utilizing the mobile services. Zima said the mobile crisis people are cutting down the law enforcement hours. He does not want to keep using Winnebago and Trempealeau; he wants to see these people taken care of here which was the mission when this committee was started. He wants the beds that were shoved out under the Nussbaum administration brought back.

a. Alternate detoxification options and opportunities.

A pilot detoxification services plan for Bay Haven was distributed at this time, a copy of which is attached. Nursing Home Administration Ed Somers spoke to the plan and said they have looked at how they could handle detoxification services within the current infrastructure. He outlined the information as broken down on the handout.

Hoyer asked if individuals would come to Bay Haven before Bellin and if this would affect the County's contract with Bellin. Pritzl responded that the County would still maintain a contract with Bellin for the medically managed detox service but there are people that are not reaching that level that are asking for services and Bay Haven could be used for that.

Zima asked if the four beds would be closed off from the other population at Bay Haven. Somers responded that this would be mixed with the rest of the Bay Haven population and reminded that this is a test program and added that those going through heavy withdrawal will not be on the unit. In addition, those expressing suicidal thoughts would be relocated to something more appropriate such as Nicolet. Somers added that people would be checked very often and as they sober up they would be meeting with an AODA counselor to hopefully make an intervention to get them into treatment.

Zima noted the current Bay Haven program is pretty successful, but feels if part of it is going to be turned into a drunk tank that will mix with the other population, it will disrupt the rest of the people there. He wants another unit, not mixing these people with the rest of the Bay Haven population. He would not want severely drunk people on the same unit. Borchardt pointed out that this is a voluntary thing; the people there would be making a choice to be there and want the help. They would be there because they are seeking health, not to be disruptive.

Judge Zuidmulder feels if these are people from our community who are going without services, this is something we need to do. This is about the quality of life in the community. This if for people that say they need help. At this time, there is no other place for those who want help to go. This would be a place we could afford to send these people who are seeking help and he pointed out that before this system was dismantled, this is exactly where people were going. This is a service we used to offer that was destroyed and we now know that was a terrible mistake. This pilot program would replicate what we used to have in a facility where it was done before by people who want to be there and he feels we should do it.

Zima noted under the former program the people with mental health issues were not mixed with those going through detox. Agar recalled that pre-2012 the populations were mixed. Zima would rather enlarge Nicolet so Bay Haven can keep doing what they are currently doing, however Agar pointed out that this would then become a licensing issue.

Birmingham noted that the people going into Bay Haven would be medically monitored which is a different level so their intoxication level would be different than at a medically managed level. She also pointed out there are individuals with dual diagnoses who would fit in just as well as the other people at Bay Haven. Zima said he has spent time at both units and those at Nicolet are quite different from those at Bay Haven. Zima feels strongly that people who have serious intoxication issues should not be mixed with those at Bay Haven. He feels the County is dragging their feet and the eye is no longer on the prize. Hoyer pointed out that the prize is serving people, not building something.

Pritzl said the voluntary aspect of this is important to remember. Further, the number of people with co-occurring mental health and substance abuse issues is tremendously high. Pritzl feels mixing the populations as a pilot is worth pursuing. If we start to see overwhelmingly there are more people in a detox status than a true stabilization status, we can re-evaluate. What is being proposed would allow us to look at both areas because we are skilled in both mental health and substance abuse.

Weber asked if this pilot program would utilize the detox dollars or if there would need to be additional money to cover things like extra staff. Pritzl responded that they are currently looking at that and added that he is working on a proposal to expand one of the the substance use counselor positions to a full-time position. If the census is increased, obviously the staffing would have to be increased as well, and we would be looking at the allocated detox dollars to cover that although Pritzl feels what is already allocated would be sufficient to address the on - call staff need when we need to bring them in.

Weber asked if this would be an improvement or if it would only be scratching the surface. Security Lieutenant Scott Brisbane said the pilot program would be dealing with different people than are dealt with at the jail. These are people that would be voluntarily going to the facility because they recognize they have an issue and want to get help and that is completely different than individuals he deals with who get drunk at a Packers game.

Zima asked if the people would be coming in sober or semi-sober or if they are people that need detox. Pritzl said it would be people coming in who need a safe and stable place to withdraw from their substance abuse. They will be going through that process while staff is assessing

them and then staff would be linking them to the next service with the help of counselors. Brisbane added that withdrawal is a medical concern and this pilot would have the staff available to address those medical needs.

Van Handel said what law enforcement typically finds is when people are ready to engage, they want the help right then. It does not have anything to do with whether a bed is available or not. When they say they are ready, they're ready. His issue with this and the problem with mixed use is that there may not be beds available when the person is ready to detox. If there is not a bed available when it is needed, then this will not solve anything.

Judge Zuidmulder pointed out that right now there are zero beds, but with the pilot at any point in time there could be four to five beds available. His view is that this is somewhat a public safety issue but it is also a quality of life issue because these individuals may not be in violation of the law, but they are causing law enforcement officers to be involved. He reiterated that this would be put in place as a pilot and if it benefits those who need the help it would be worth it. He does not want to see people who want the help and are willing to go get the help have to go somewhere else to get it.

Birmingham questioned if a certain number of beds can be guaranteed for detox and not used for something else. It was indicated that that could be done, however, it would be a fluid thing over time so if there is a need for beds for crisis stabilization and beds for detox are available, they would want to free up the beds. It is hard to come up with a specific number. Birmingham questioned if some of the money that has been allocated for the Bellin contract could be used by the County instead to commit a number of beds in-house for a specific amount of time to see how it goes. Pritzl reminded the group that what is being proposed is a 15 bed unit with an average census of 7.9 in 2019. In 2019, there were four days where the census was over 11 which would put the four beds in jeopardy so almost 90% of the time there should be, at a minimum, four beds available. He feels the risk is low enough that it can be accepted to test this.

Hoyer said the question is what the next step is. Pritzl said the next step would be to work with the Department of Health Services to get the approval necessary to do this. Since Bay Haven is already funded, we would have to use some of those dollars to offset staff costs which could be done by a budget adjustment. Dollars are not committed to Bellin; Bellin charges us a daily rate so there is flexibility there.

Motion made by Judge Zuidmulder, seconded by Stephanie Birmingham that this subcommittee supports the pilot program as proposed by the Human Services Department with regard to voluntary detox at Bay Haven. Vote taken. MOTION CARRIED UNANIMOUSLY

2. Discussion - Costs of Crisis Assessment Center (building and operational), as supported by the half-percent sales tax.

Pritzl reported a lot of work has been done with Venture Architects on the cost of a crisis assessment center, which has been referred to as the one stop shop model. This would bring the Crisis Center and staff out to the CTC and bolster the medical staff a little to do medical screenings so people can come there, get their crisis assessment and then have someone with some medical training assess a person.

Staff has met with the architects and had them do space needs considerations and they have also talked about different rooms and furnishings, etc. with staff. The proposal that was brought back was \$2.2 million dollars to add on to the CTC and put the Crisis Center there. The bucket of available funds is listed as jail and mental health and about \$6 million is in it for

mental health. About \$529,000 was budgeted for the project this year which will be used for design and the start of construction and the remainder of the construction will be paid in 2020. The project came in slightly higher than anticipated because the cost of construction has gone up and site prep was not taken into consideration either.

Zima asked if there are drawings available. Pritzl said he has gotten a proposal back and Zima said he would like to see that at the next meeting. He also referenced the handouts provided at the meeting and informed that in the future he would like those included in the agenda packet instead of being handed out. Pritzl said sometimes the reports are done right before the meeting so they reflect the most accurate, updated information available, although if there is a desire to have the reports included in the packet that can be accommodated.

Motion made by Guy Zima, seconded by Megan Borchardt for this committee to move this proposal forward to the appropriate standing committees and report back. Vote taken.

MOTION CARRIED UNANIMOUSLY

Pritzl informed that currently there are a lot of mental health pieces in the Governor's proposed budget. One of the items is regional crisis stabilization centers. Pritzl had a conversation with the Department of Health Services to find out if what they are envisioning is what we are talking about here. The State is looking at this from a regional perspective and is looking at having about five of these facilities throughout the state. The State's view is that these facilities have an open door, first come first serve policy, so anyone who comes forward would be treated, no matter what county in the region they are from. This may mean people from Brown County would not be able to receive services in the facility if space is not available. Pritzl said if the County builds the facility we are talking about, it would contain all of the things the State is looking for and the possibility may exist for some funding. Zima said his concern is meeting the needs of our own citizens first, and then making some revenue when some beds are available.

3. Discussion – A county resolution identifying September as National Suicide Prevention Month.

Hoyer said September has been identified as National Suicide Prevention Month and the City has participated in the past by illuminating the bridges in purple and he feels it would be nice if the County participates as well by bringing a resolution that addresses this extremely important mental health issue. He feels it would be good if it comes from this committee and then moves on to the appropriate standing committees.

Motion made by Megan Borchardt, seconded by Guy Zima for this committee to support a resolution identifying September as National Suicide Prevention Month. Vote taken.

MOTION CARRIED UNANIMOUSLY

Motion made by Guy Zima, seconded by Erik Hoyer to return to Item 2 at this time. Vote taken. MOTION CARRIED UNANIMOUSLY

At this time, Pritzl talked further on Item 2; that discussion is set forth above at Item 2.

4. Discussion – Identifying gaps and quantifying the needs of our community, including long-term care, as they could be addressed by recertification of county operations.

Hoyer said last time this was discussed, Brown County was not sending as many people to Winnebago. Agar noted that the issue is primarily in the juvenile/adolescent area. At this time, Brown County does not serve juveniles in our own facility; Bellin and Willow Creek are the

County's first choice, and if there is not space there the person then goes to Winnebago. Zima asked what the cost was to have someone in Winnebago each day and Pritzl responded that it is in the area of \$1,100 - \$1,200 per day, but certain amounts are reimbursed if the person is under age 22 or over age 65. Over 20 of the County's people have been treated at Winnebago so far this year. Pritzl pointed out that if the average length of stay is five days, we're looking at 100 days of care. To build a unit to meet the needs of 100 days of care is not a very good return on investment. We would have to serve a lot of people from outside the county to make it worth it. Zima questioned the accuracy of the length of stay estimate because he feels it may be higher than 5 days. Pritzl said the average is 5 – 6 days for the acute inpatient psychiatric beds.

Weber asked if the four extra beds at Bay Haven are added as discussed earlier, if that would free up some of the beds from Willow Creek and Bellin so there may be a bed for a juvenile emergency detention. Agar said the best answer he can give is maybe. Pritzl added that there are not a lot of inpatient psychiatric beds in the state and noted that Willow Creek is looking to build a new facility in Madison which would probably take some load off because they currently serve state-wide from their Green Bay location. Borchardt noted the County does try to meet the needs of the community, but if all the beds are full, there is no option other than to send people to Winnebago. The importance of the County having control of this rather than having to depend on the private sector has been discussed in the past. Borchardt understands that, but also feels it is important to work with community partners as well. Zima disagreed that these entities are community partners. Borchardt said when and if people want to get detox fluctuates and the County has no control over that. Zima disagreed and said the County needs to step up to the plate and fulfill the needs of the community as quickly as we can and have a state of the art facility. Pritzl noted we need to understand better what is changing at Bellin that is resulting in the drop in admissions. Willow Creek has stepped up, but we still need to understand why Bellin is not doing the same because there are people that could go there for which they would get paid for their services. Birmingham believes that at least part of it is a staffing issue.

5. Update – Outreach Efforts.

Pritzl said Connections for Mental Wellness is doing a lot of outreach. Agar added that there are multiple subcommittees involved and there was a recent survey to determine training needs for professionals and non-professionals in the community in terms of mental health education. The results of that survey are driving training initiatives for professionals and non-professionals with the goal being to train more mental health professionals and retain them here in Brown County. Weber added that one of the things Connections for Mental Wellness did in that regard is help fund the CIT training that was attended by about 48 law enforcement officers. Further, there is a faith community part and there will be a program at the end of May to help them navigate the mental health and AODA system because a lot of people go to their spiritual leaders for mental health issues. There is also a school based mental health program that has been very successful. Mental health facilities are donating their time and the program is in every district and about 18 schools. There are no barriers for payment or anything else; every child that needs help can get it. Borchardt added that outreach is being done in some program in De Pere as well and there is interest in the community to know what is being done and where to go for help. This is being spearheaded by the Medical College of Wisconsin. Agar added that there has also been mental health first aid training going on for the general public.

Birmingham said Options for Independent Living will be doing another certified peer specialist training in July. It is a six day program at no charge. This would be for individuals who are far

enough along in their own recovery to be a peer to someone who is at an earlier stage in their own recovery.

6. Update – Criminal Justice Services.

Judge Zuidmulder reported the Mental Health Court is flourishing and has been tremendously successful and numbers continue to increase. He noted the Mental Health Court was established and budgeted for by the County Board. As the lead judge for the treatment courts, they have had to take on the veterans' court, but they never had a case manager. He would like this committee to consider funding a case manager out of the mental health initiative dollars during the next budget.

7. Such other matters as authorized by law.

The next meeting date was discussed. Zima noted that the next meeting was proposed for August 21 but he would like to have another meeting in May to discuss what, if anything we want to do with the budget.

Motion made by Guy Zima that the next meeting be held on May 15 and that budgeting be included on the agenda. *MOTION FAILED FOR LACK OF SECOND*

8. Adjourn.

Motion made by Megan Borchardt, seconded by Stephanie Birmingham to adjourn at 1:25 pm. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Therese Giannunzio
Recording Secretary



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To: Mental Health Treatment Sub-Committee
Human Services Committee

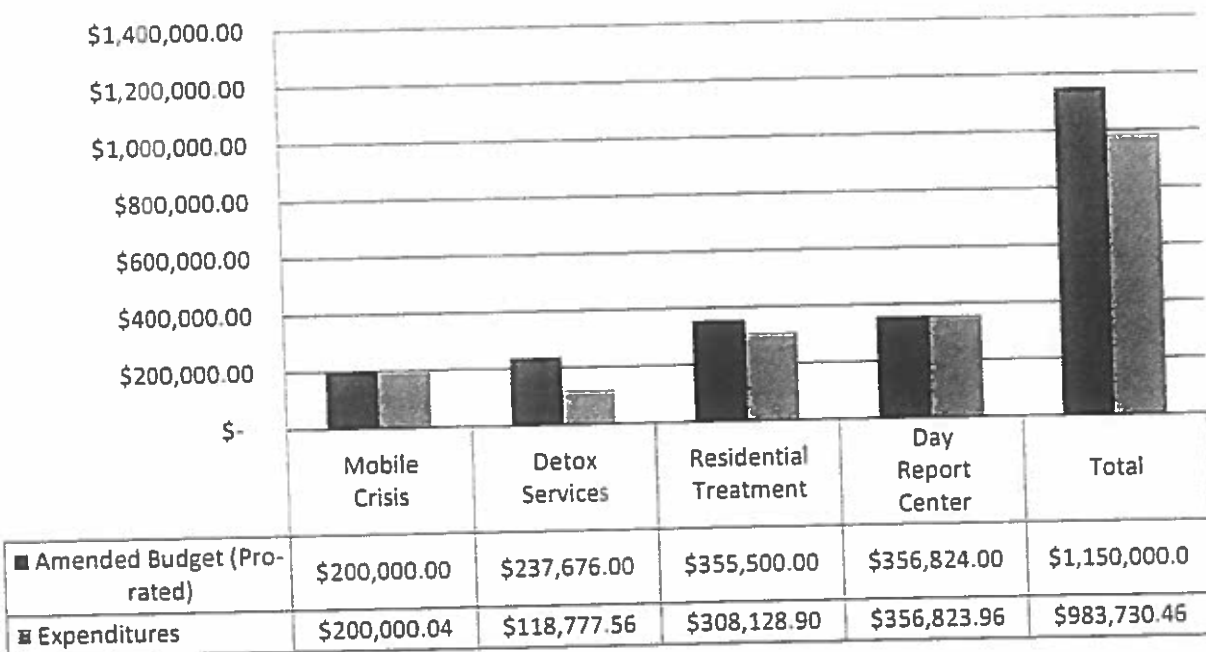
From: Erik Pritzl, Executive Director

Date: April 17, 2019

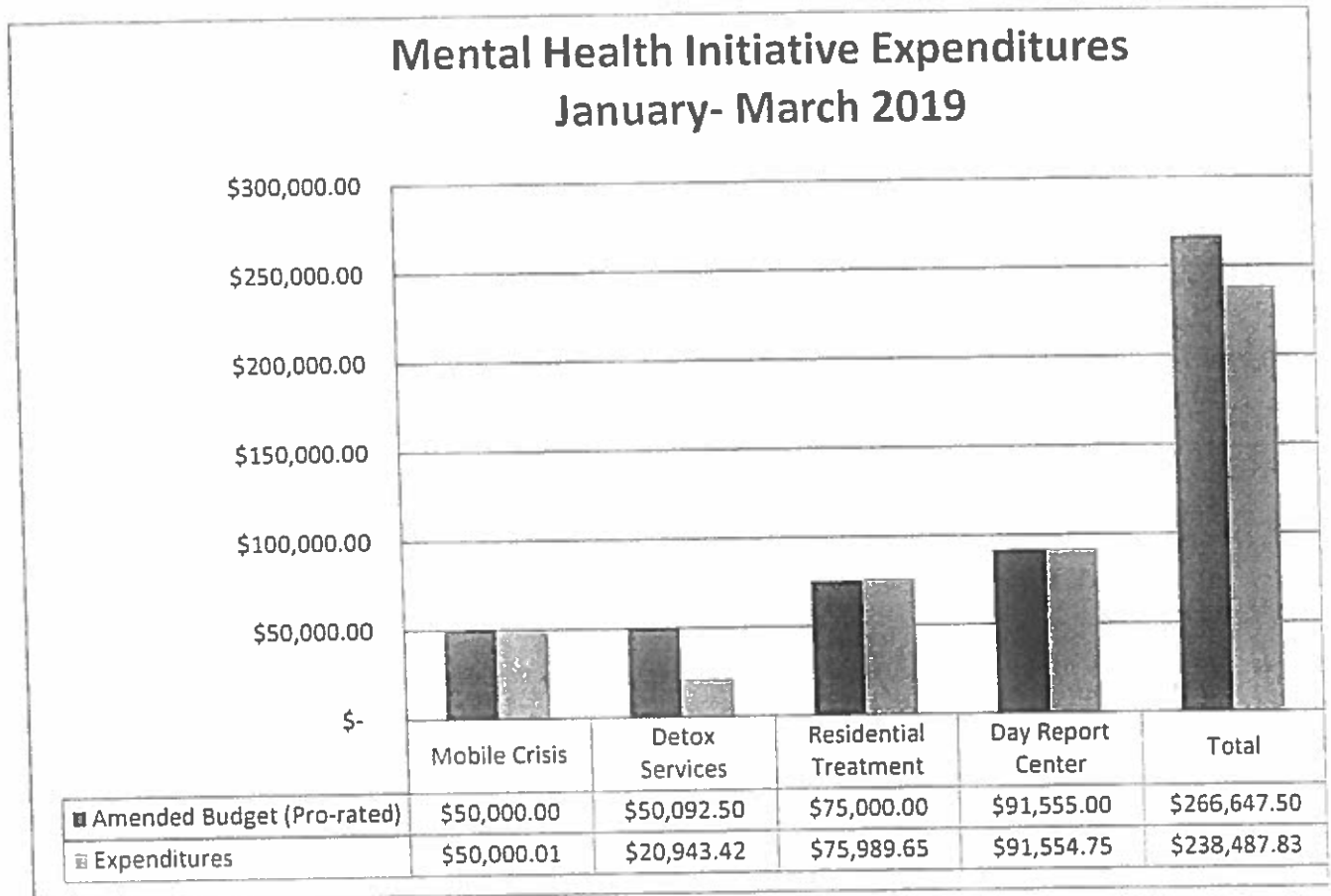
Re: 2018 Mental Health Initiative Expenditures, 2019 Expenditures YTD

The chart below provides an update on the 2018 expenditures related to the four mental health initiatives for the period of January-December, 2018.

Mental Health Initiative Expenditures January - December 2018



The next chart below provides a summary of expenditures in the four different areas for January-March, 2019. This information is current through April 10, 2019.



Pilot Detoxification Services in Bay Haven

Current State

❖ Brown County funded 37 detoxification stays totaling 74 days in a hospital in 2018.

❖ Bay Haven is a 15-bed Crisis Stabilization Unit licensed under DHS 83 as a Community Based Residential Facility (CBRF) and provides crisis stabilization services under DHS 34.

❖ Bay Haven consists of two wings. The north wing which has 8 private rooms with private bathrooms, and the east wing which has 7 private rooms with private bathrooms.

❖ The average daily census of Bay Haven in 2019 has been 7.9, with a high census of 13 on 5 occasions, and a low census of 4 on 7 occasions.

❖ Chapter DHS 75 governs Community Substance Abuse Service Standards. Under this chapter, CBRF's can provide Medically Monitored Residential Detoxification Service and/or Residential Intoxication Monitoring Service.

❖ Medically Monitored Residential Detoxification services can be provided within a CBRF with the following personnel requirements.

- Director of Nursing who is a registered nurse
- Registered Nurse available on-site on a 24-hour basis
- Physician available on-site [on call] on a 24-hour basis

Proposal

❖ Given that Bay Haven already satisfies the basic licensure and personnel requirements necessary for providing Medically Monitored Detoxification Services and has capacity that could be utilized for detox protocol on top of the crisis protocol, the department proposes to create a pilot detoxification program within Bay Haven.

❖ All admissions to the unit for detoxification would be voluntary for alcohol and other substances.

❖ All staff on Bay Haven would receive additional training on symptoms of withdrawal.

❖ Any admission exhibiting severe symptoms of withdrawal would be transferred to an appropriate medical hospital.

❖ Any admission exhibiting a desire for self-harm or suicide would be assessed for admission to a psychiatric hospital or other appropriate setting.

❖ Up to 4 beds would be set aside for detoxification at the end of the east wing of Bay Haven. This number allows for up to 1,460 patient days/year. Prior to the state ending detoxification at Nicolet Psychiatric Hospital, we served approximately 580 admissions/year.

❖ Prior to being discharged from the unit, all detoxification clients would receive an AODA assessment by staff certified as an alcohol and drug counselor and linked with the necessary level of service to ensure continuity of care in circumstances where clients are agreeable to treatment.